



LARRY HOGAN  
Governor

BOYD K. RUTHERFORD  
Lt. Governor

KENNETH C. HOLT  
Secretary

## Certificate of Disability

***Authorization by a disabled individual or the parent\* of a disabled son or daughter or the guardian of a disabled immediate family member for a health, mental health or disability professional to complete the certification (authorization must be completed prior to the completion of the certification by a health, mental health or disability professional):***

I, \_\_\_\_\_, authorize

Printed or typed name of Disabled Individual; Parent\* of a Disabled  
Son or Daughter; or Guardian of a disabled immediate family member

\_\_\_\_\_ at \_\_\_\_\_  
Professional completing certification Name of Organization, if applicable

to complete the form below certifying ☐ my disability or the disability of my ☐ son

or ☐ daughter \_\_\_\_\_ or the disability of the guardian's  
Printed or typed name of disabled son or daughter

☐ immediate family member \_\_\_\_\_  
Printed or typed name of disabled immediate family member

\_\_\_\_\_  
Signature of Disabled Individual or Parent\* of a Disabled Son or  
Daughter or Guardian of a disabled immediate family member

\_\_\_\_\_  
Date

\*if disabled son or daughter is under the age of 18 or is 18 or older but is not mentally competent to sign



MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
7800 Harkins Road, Lanham, Maryland 20706 [mmp.maryland.gov](http://mmp.maryland.gov)  
(p) 301-429-7852 (f) 410-510-1897 1-800-638-7781 TTY/RELAY 711 or 1-800-735-2258

***Certification by a health, mental health or disability professional:***

I certify that \_\_\_\_\_ has a physical or mental impairment that  
Name of Disabled Individual  
substantially limits one or more major life activities (for example, hearing, seeing, speaking, sitting, standing, walking, concentrating, or performing manual tasks). The definition of disabled does not include a person whose disability is based solely on any drug or alcohol dependence.

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Name of Organization, if applicable

\_\_\_\_\_  
Printed or Typed Name of Professional

\_\_\_\_\_  
Title/credentials

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number



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